Volume 15 *June 1941* *Number 4*

Medical Ethics*

A Gay Lecture on a Serious Topic

DAVID CHEEVER, '01

In these grim days when the press and the very air bring us news of heart-rending brutality, cruelty and the violation of every moral and ethical principle, it would be an agreeable interlude if even for a moment you could listen to a witty and frivolous talk, but it is probable that all of you have guessed that the adjective in my title is in reality the name of the donor of this foundation—a man decidedly as little gay in personality as he was frivolous in attitude toward his profession. Ethics is defined as the doctrine that treats of the nature and grounds of moral obligation and the rules that ought to determine conduct in accordance with it—the science of right conduct and character. The best way to show you an example would be to transport you on a magic carpet to the world of fifty or sixty years ago and introduce you to Dr. Gay, so that you might walk the wards with him, see him with his patients in office, hospital or home, or listen to him in court or at a legislative hearing.

George Washington Gay was born in New Hampshire in 1842. His parents were farmer-folk; he had only a country school education. Perhaps he wished to be a doctor because he had watched the fatal illness of a well-loved sister. His father having died, he apprenticed himself to a local physician to earn a little money, borrowed more, and went to the Harvard Medical School. Undoubtedly in 1864 he "walked the wards," as the expression was, of the Boston City Hospital in the year of its foundation; he became one of its earliest surgical house officers and was at once appointed to the newly established Out-patient Department—thus beginning a lifetime service. With intelligence, courage and an accurate knowledge of anatomy, and inspired by the dawn of the Golden Age of Medicine, he became an accomplished surgeon. He ligated successfully the subclavian, innominate and common carotid arteries which is testimony to his prowess appropriate to those times. He lectured on surgery, and his students have not forgotten such terse epigrams as: "Every sprain of the wrist is a Colles fracture, every contusion of the hip is a fracture of the neck of the femur, until proved otherwise."

Having no children, perhaps Dr. Gay was the more completely absorbed in promoting the happiness and success of his students and colleagues. Little that was good which needed encouragement—little that was wrong which needed correction—escaped him. As he played a part and later watched the actors on the medical stage, he saw with regret that some of them violated certain moral obligations and rules of conduct pertaining thereto, and thus worked harm to the reputation of the profession and to those who practiced it. And still mindful of the happiness of physicians, he noted their ineptness in business matters and the frequency with which old age, overtaking them after a lifetime of work, found them with but inadequate financial security for their declining years. He therefore created here a lectureship, hoping thus to help them understand these things that were outside their purely professional education. These things cannot be taught; the human soil in which flourish the instincts and principles of

*Excerpts from the George W. Gay Lecture on Medical Ethics, presented at the Harvard Medical School, February 13, 1941, and published in The New England Journal of Medicine, May 15, 1941.

right conduct was bequeathed to you by your forebears and cultivated at your mother's knee and by your father's side through the years of infancy, childhood and adolescence; if it is not fruitful it is too late now to alter its chemistry, but the vines that spring from it may still be cultivated and the tares uprooted.

Formerly, when general practice was the rule and specialism the exception, and when communities were smaller and more closely knit socially, the physician had his families whom he attended from birth to death, in a spirit of mutual loyalty. Medical science was far less advanced; one doctor was likely to know about as much as another, and the relief that he gave his patient was owing as much to the sympathetic understanding and confidence between the two as to the actual application of scientific methods. Nowadays the advent of specialism always raises the question in the patient's mind whether his physician is the right man to treat his particular complaint. The laity, partially educated in medicine by modern-day journalism to a point where anxiety may be aroused without a corresponding acquisition of knowledge and common sense, demand specialism. An experience of my own will illustrate this. You all know Dupuytren's contraction of the fascia of the palm, which is well known but uncommon in the late stages, when the deformity causes real annoyance. It happened that the relief of this condition by an extensive, radical dissection of the palm, which gave much better results than simpler and easier operations, interested me and I operated, with satisfactory results, on the few cases which came my way in hospital and private practice. Doubtless these palms were exhibited in the community, for on more than one occasion people with complaints within my field of general and especially abdominal surgery asked me to recommend a surgeon, and when I remarked that their condition was one that I was accustomed to operate on, I was greeted by the surprised rejoinder: "Why, I thought you were a specialist in hands and crooked fingers!" Imagine trying to make a living on Dupuytren's contractions!

Clearly, if a doctor has for years been the trusted adviser of a family group, and has thus become familiar with the physical, nervous and mental reactions of its members, he is likely to be able to treat their illnesses with especial skill and sympathetic understanding. Clearly, if a doctor is in actual charge of a continuing illness, the sudden substitution of another physician will interrupt continuity of treatment and lose the advantages of personal knowledge of the earlier phases of the disease. Moreover, it is inevitable that were a doctor subject to dismissal at the caprice of his patient, he could not possibly feel the interest that springs from loyalty and a realization of appreciated service. Thus we can understand the medical ethic which decrees that "except in case of pressing emergency a physician should not consent to take charge of the patient of another physician," and in case he does so, should return him at the earliest opportunity.

The best solution of the patient's desire to have other advice is the consultation. Every physician worthy of the name should welcome a consultation with another authority whom he respects; he has a right to refuse to call a man who does not meet this requirement. The conscientious doctor will always ask for a consultation if he is in doubt about the plan and course of treatment; he will be wise if he does so also whenever he detects a wavering of confidence on the part of the patient or his family. I consider it wishful thinking to say that the asking for a consultation by a physician may not plant doubt and anxiety in the patient's mind, but it need not do so if he is a person of sense who sees in it the act of a broad-minded physician who will leave no stone unturned to combat his disease. Much depends, of course, on the tact and attitude of the consultant, whose suggestions must not connote criticism of what has been done; it is perfectly possible to change a diagnosis and prescribe a different course of treatment if the matter is ap-

proached with tact and consideration for the feelings of all concerned. Sometimes, however, it is inevitable that the patient—or more probably his friends—will insist that the consultant take over the care of the case. Positively, this may not be done without the full consent of the attendant; practically it is best that it be avoided, if possible.

The time-honored viewpoint of the leaders of our profession that a physician should be advertised among the laity only by the inevitable spreading of good reports about him by his satisfied patients, and among his colleagues by his participation in medical meetings and his contributions to medical periodicals, which give a perfectly proper account of what he is interested in and what he is doing, is still sound. The grosser forms of publicity need not be enumerated. It cannot be denied that if Dr. John Doe of 10 Harley Street, who is a specialist in cardiology, gives a popular lecture on heart disease before some fraternal association and their ladies, which is reported in the morning paper, he will have secured a most effective advertisement at the expense of his more conservative and less vocal colleagues. To bring about the proper information of the public in health matters, without undesirable publicity for the physician, is a delicate matter. Such material should be supplied by medical columnists who are not practitioners, or by the secretary or a committee of a medical society, or at least under the aegis of an educational institution. It is an age of publicity: you probably cannot keep out of the newspapers but you can discourage and refuse to have a part in anything that through its quality as an advertisement tends to give you an advantage over your colleagues.

One subject in connection with ethics is the inviolability of the confidential relation between patient and doctor. The physician on occasion may have to inquire about the most intimate matters. The revealing of such things to a third party almost inevitably leads to the dissemination of gossip, false rumors, notoriety and unhappiness, and if traced to its source, destroys the confidence of the patient in his physician.

No question on the fringe of medical ethics is more troublesome than the remuneration of physicians. There is no accepted scale of fees, the nearest being the fee tables agreed upon by some local medical society for local application only, and hortatory rather than obligatory on its members. There was once a Boston Medical Society, which issued such a table, now long obsolete. Actually at one extreme stands the old-fashioned family doctor in the country, whose fame is sung in fiction, biography and poetry; who sent no bills, kept no books, collected a little cash but a great many commodities on which he and his family lived. His expenses were very small. How much he influenced the course of the diseases which he treated is problematical, but when he died the whole countryside mourned his passing. At the other extreme stands the surgical specialist who may charge what the traffic will bear. Our local code says that "with the understanding and consent of their patients beforehand, physicians may place any value upon their services deemed proper."

What is the objection to charging fees if they may be collected? One reason is, of course, that the fee may be a financial burden that makes the doctor's services more of a misfortune than a blessing. A second is that it may become the subject of dissatisfaction, remonstrance or even litigation, which destroys the mutual confidence between physician and patient, and the gratitude of the latter toward him who should be his benefactor.

I recommend a simple way of dealing with this question, namely, the direct approach, which ought not to be criticized on the ground of poor taste or lack of dignity, because the freeing of the patient so far as possible from financial worry is often an important factor in his recovery. Except when the patient and his resources and attitudes are well known to you, ask him frankly if he would like to discuss the probable cost of your services. If he says there is no need, well and good, but nine times out of ten he will welcome the suggestion. Then

name a suitable maximum charge, which you consider your services to be worth, and say that you are accustomed to scale down your charges in case of need to a certain irreducible minimum, which you are justified in maintaining, because if it is not worth your while to work below that figure, the patient's needs may be provided for by referring him to a younger but fully competent man or, if necessary, to a free clinic. Often it may be acceptable to calculate with him the total cost of his illness, including hospital care, nursing and incidentals, and on occasions I have promised that the total cost shall not exceed a certain sum, with the implication that my fee would be proportionately less in case other expenses were unexpectedly large. These methods in my experience have brought satisfaction and a minimum of disputes.

It should be added that, contrary to an opinion widely held among the laity, you are under no legal obligation to undertake the care of a patient. In the case of a pressing emergency there is, of course, a compelling moral obligation to respond, and a case once undertaken may not be relinquished until it is placed in other competent hands. If you are called, especially at night, by a person unknown to you, to a distant locality, it is well to act with caution; a good expedient is to recommend that a local physician in the neighborhood be called, and say that you will respond if he finds it necessary to ask for your assistance —for this purpose make it a practice to know the names of reliable doctors in the various sections of your city. If you go without this precaution, leave your watch and wallet at home. There is another aspect of night calls, however: there seems to be a tendency among some practitioners to shirk the tiresome and onerous things. Not long ago one of those rarely fortunate men who lived at a period and in a locality that permitted him to do general practice and cultivate a specialty as a hobby told me that he was called at night by a lady whose family he had formerly attended for many years, who apologized for calling him to come to see her grandchild, who seemed acutely ill. "But my dear Mrs. Blank," he said, "you know I am eighty-three years of age, and that some time ago I turned you over to my young friend, Dr. John Doe. Why do you not call him?" "I have just done so," she replied, "and he said that he does not go out nights." The old doctor assured her that either he or Dr. Doe would be over as soon as possible, and it is scarcely necessary to say that a telephone call from the older to the younger practitioner brought relief to Mrs. Blank's anxieties.

It is surely sound ethics that everybody who applies to you as a sufferer seeking relief must be enabled to obtain that relief. I have tried to make it a point of honor to see that anyone who came to me for advice and whom, for one reason of another, I could not handle should be definitely placed in the hands of a competent colleague or recommended to an appropriate clinic— such reference being accomplished and assured, if possible, by personal communication, and the patient being told to let me know if he is still at a loss.

A problem that has always plagued doctors and about which there is some difference of opinion is our attitude toward the quasi-medical cults. It is safe to say that there always have been and always will be those who profess to heal the ills of mankind by methods based on a mistaken all-inclusive doctrine rather than under the guidance of scientific knowledge. Much as we pity those unfortunates who are the victims of these cultists, it is a mistake to castigate, scorn or hold the latter up to ridicule, since experience shows that this avails but little except to excite the suspicion of intolerance, jealousy and the existence of a "medical trust."

When my crusading spirit was stronger than it is now, I sometimes tried to bring a lost sheep back into the fold, always with disappointing results. On one occasion I was consulted by a lady who some months previously had discovered a small lump in the breast. According to her story she consulted a practitioner of a cult practicing

manipulative therapy, who stated that he found an abnormal condition of the fourth dorsal vertebra at the same horizontal plane as the breast lesion, for which it was undoubtedly responsible. When I examined the patient, there was presented a still small primary tumor showing every characteristic of a carcinoma, but the striking thing was the presence of involved nodes in the axilla and a number of small metastatic leisons in the skin surrounding the tumor—something that I have not seen before or since in so early a case and must have been due apparently to the manipulation. A radical extirpation with skin graft was done, with the inevitable sequel some years later. I found it hard to believe that this practitioner would not be aghast when brought to full realization of what he was doing. In a friendly and conciliatory spirit I invited him to witness the operation; he did not appear. I then invited him to come to the laboratory where the fresh specimen was being preserved so that it might be demonstrated to him by Dr. Wolbach. In answer he wrote a letter saying, among other things, that he guessed that if Dr. Cheever had cured without mortality by operation as many fibroid tumors of the uterus as he had by his special manipulation of the spine, he would not have such an ill idea of the methods of the cult.

Is it imperative and wise, or unwise and wrong, to tell the patient the truth about his disease and its prognosis? This question arises of course almost solely in cases of cancer. There are three types of people to be considered: first, those of mature age who ask for the truth in such a manner as to leave no doubt of their sincerity—these people are exercising their personal right to information and should be told with such mitigations as are possible; secondly, those who ask in a half-hearted way and do not press the question and in the circumstances of whose lives there appears to be no cause to feel that the knowledge is needed for any reason; and finally those who do not ask. How foolish it would be to tell a woman—a cancer-phobe as most women are—who has undergone a successful operation known statistically to promise 75 per cent of five-year cures, that her disease was cancer! How cruel to tell a woman ignorant of her hopelessly malignant internal disease and happy in her fancied security, if there are no vital issues to be settled before the end. There is no disagreement, I think, on the rule that one nearest and most responsible relative or friend should be told the exact situation as you see it, again with what mitigation and exceptions you can honestly make; then tell no other questioners, but refer them to the confidant whom you have chosen. Whether or not an actual prevarication is permissible must be left to your own conscience, but it is rarely necessary, since tact and evasion will usually suffice, but perhaps, like me, you cannot see the fine distinction between these courses.

Rereading what I have written, the same thought occurs to me as did when I somewhat reluctantly agreed to undertake this lecture, namely, that these problems of medical ethics seem trivial and hardly worth considering while catastrophic forces of greed and cruel brutality are tearing to pieces the world of democratic culture in Europe and Asia, and even more widely the formerly accepted canons of morality in social behavior and in the economic field are being questioned and shaken to their foundations. But it is precisely at such a time that one must hold fast to what is good. At our school here you have gained factual knowledge, clinical experience and an appreciation of the scientific method, but it would be a sorry thing indeed if you had not found and admired in your teachers those qualities of the heart and spirit that are more potent than science itself to make our profession a noble one. During forty-four years I have lived and had my being among our teachers and students, and I think that I can assure the shade of Dr. Gay that we are carrying on!

Summer in the Southland

Charles D. Armstrong and Edgar A. Bering, Jr.

Members of the Class of 1941, Harvard Medical School

In the summer of 1940 the Rockefeller Foundation made a trial of a new sort of fellowship for medical students. Its purpose was to further the study of Preventive Medicine and Public Health, not in the classroom but in the field. To this end they arranged to send men from reputable medical schools directly into the health departments of some state other than their own. During a two or three month stay in the state these men were to be allowed to see and participate in the work of the health departments and profit according to their enterprise and judgment. The whole scheme was an experiment. As two of the students who passed the summer in the South, we wish to describe our adventures and to state our conclusions as to the value of these fellowships.

Just after the last examination in May, 1940, we began to think of our trip to Mississippi. Six of our classmates and one of the members of the second year class were going into the deep South to study the ways and means of preventive medicine in the field. The Rockefeller Foundation was paying our way to and from our assigned stations, and we were to have $50 a month for living expenses while on the job. We had seen Dr. Hugo Muench twice during the two months before the end of school, and we knew that Carl Taylor and Harold Barrett of our class were going to Alabama and Tennessee, and that Edward Young of the second year class was to go to his home state of North Carolina. Beyond these facts we had no inkling of what the next two months might offer.

We drove southward as rapidly as possible, for we were already late for our June 1st. starting day. As the weather grew warmer, the accents grew softer, and we found that the people we passed in the town streets were now mostly colored instead of white. We had some chicken and corn-poke and wanted more.

It was Monday, June 3, when we reached Jackson, the capital of Mississippi. We stopped for the night at the Hotel Robert E. Lee, and next morning went straight to the old State Capitol building, which now houses the Health Department Headquarters. There we met Dr. Felix J. Underwood, State Health Officer, and public health administrator extraordinary. We met the staff one by one, and each new friend talked and questioned, and then treated us to a Coco-Cola. At lunch time we held council, and decided that this was indeed the promised land for examination-weary Yankees.

We departed next day for our respective posts in the County Health Departments. One of us was assigned to Tunica City, the county seat of Tunica County, and the other went to Greenwood, county seat of Leflore County. There we soon became acquainted with our health officers and our most hospitable and helpful friends, Dr. Jones of Leflore County, and Dr. Chandler of Tunica County. Getting us settled was a personal problem of the whole Health Department staff, and we soon found ourselves members of the family in the southern homes in which we roomed. Fifty dollars a month was more than enough for comfortable living. It became a never-ending source of wonder and joy to get laundry for a dollar, bountiful meals for a quarter, and movies (with pop corn) for thirty cents.

It was only now that we began to realize that although the speed of the Southerner is slow, his efficiency is high. In the case of the medical man, it has to be. In no other part of the United States is there a greater disparity between the number of physicians and the patients they are called

upon to serve. Especially among the negroes does the situation border on the primitive, for the negro has very few physicians of his own color, and but little of the time of the white doctor. The care of the colored patient eventually evolves largely upon the health department, the plantation doctor, and the midwife. The health department treats his syphilis, examines his children and his pregnant wife, and supervises the training of the midwife who delivers his baby. When he has a contagious disease, the Health Officer and his staff fight to overcome the happy-go-lucky attitude toward disease, and institute precautions in his home. When he has tuberculosis, they try to get him adequate treatment by a local physician, or wangle him a bed in the pitifully small tuberculosis sanitorium for the colored.

We soon found ourselves working directly on the firing line of Public Health. We pumped neoarsphenamine or mapharsen into literally hundred of black arms thrust at us across a table; we forced bismuth into as many dubiously offered hips. We saw typhoid, malaria, pellagra, and lymphopathia venereum. We fought flies in the makeshift clinics where we worked, and we complained to the town Mayor about it. We saw medicine practiced as we had never seen it before: negro hospitals in old houses, with the scrub room in the toilet, and the surgery in the kitchen, where spinal anesthesia must perforce be used because of the complete absence of capable nursing. We saw arsenical injections used as a tonic, and peppermint candy given for jaundice. Some of the medicine we admired, some we decried, but always we wondered what else could be done with the equipment at hand.

The time disappeared as quickly as a Mississippi storm, and left us unwilling to leave our new colleagues at the end of the alloted six weeks. It was with honest regret that we set out for Jackson again, to wind up our Southern expedition.

Our misgivings were soon crowded aside by a flood of new impressions and personalities: The well run vital statistics bureau, which manages to keep the negro population up to date in spite of an endless variety of name changes, unrecorded marriages, and unreported births and deaths; the busy, efficient state laboratory where two technicians run 500 tests a day with creditable accuracy; and inspection trips to the health departments which watch over the rolling bluffs of Vicksburg, or the Spanish-moss covered mansions of Natchez.

We had found a new philosophy of life and work. Said the Chief of Venereal Disease Control: "I guess that morality is the only thing that will eliminate syphilis; but the human race hasn't tried morality. Maybe it would be a bad thing—like prohibition!"

Again we experienced a feeling of personal loss as we left the capital of Mississippi, stopped for a final farewell to our own beloved counties, and made our way northward, northward to an area where medical men are more nearly enabled by numbers and equipment to meet the problems of medical care, and where the colored folk say the "yes" without the "suh."

With us we brought back indelible memories of the men, the materials, and the spirit of the South, which is now and will remain for some time to come, the frontier of Preventive Medicine and Hygiene in the United States. We found a new interest in subjects which had been mere mentionings before and a new tolerance for medicine the way it isn't in the book. We sincerely believe these experimental fellowships a grand success. We wish to express our gratitude to Dr. John Gordon, Dr. Hugo Muench, and the Rockefeller Foundation for making our trip possible, and to Dr. Felix J. Underwood and the entire staff of the Mississippi Health Department for making our visit pleasant and profitable. We most earnestly recommend such opportunities to our successors in the Harvard Medical School.

List of Hospital Interneships, Class of 1941

Name	*Hospital*	*Service*	*Dates*
Ahrens, E. H., Jr.	Babies, New York City	Pediatrics	Jan. '42-July '43
Allen, J. D., Jr.	Cincinnati General, Cincinnati	Rotating	July '41-July '42
Armstrong, C. D.	Stanford Lane, San Francisco	Medical	July '41-July '42
Arneson, W. A.	Cleveland City, Cleveland	Rotating	July '41-July '42
Barrett, H. S.	Charles V. Chapin, Providence		June '41-Dec. '41
	Rhode Island, Providence	Rotating	Jan. '42-Jan. '44
Benditt, E. P.	Philadelphia General	Rotating	July '41-July '43
Bennett, G. P.	Boston City	I Surgical	Nov. '41-Mar. '43
Bennison, B. E.	U.S.P.H.S., Marine Hos., Staten Is., N.Y.	Rotating	July '41-July '42
Berg, M. L.	Beth Israel, Boston	Surgical	Nov. '41-Sept. '43
Bering, E. A., Jr.	Boston City	Surgical	July '41-Oct. '43
Bloor, R. J.	Billings, Univ. of Chicago Clinics	Medical	July '41-July '42
Borden, C. W.	Framingham Union	Rotating	June '41-Mar. '42
	Boston City	IV Medical	Mar. '42-Oct. '43
Buchanan, D. H., Jr.	Bellevue, 1st Div., New York City	Mixed	Jan. '42-Jan. '44
Burke, S. S., Jr.	Royal Victoria, Montreal	Surgical	July '41-July '42
Butterfield, W. L., Jr.	Hartford Hosp., Hartford	Rotating	July '41-July '43
Byrne, J. J.	Boston City	III Surgical	July '41-Nov. '43
Carter, F., 3rd	Boston City	II Medical	April '42-Oct. '43
Carter, M. G.	Boston City	V Surgical	Nov. '41-Mar. '43
Casteel, B. D.	Huntington Mem., Pasadena, Cal.	Rotating	July '41-July '42
Chapman, C. B.	Boston City	IV Medical	Sept. '41-Apr. '43
Clark, W. I.	Johns Hopkins, Baltimore	Opthalmology	July '41-July '42
Clement, S. M., 2nd	Buffalo General, Buffalo	Rotating	July '41-July '42
Clowes, G. H. A., Jr.	Boston City	V Surgical	Mar. '42-July '44
Collins, R. C.	Strong Memorial, Rochester, N. Y.	Medical	July '41-July '42
Comstock, G. W.	U. S. P. H. S., Marine Hosp., Baltimore	Rotating	July '41-July '42
Constable, W. P., Jr.	Union Memorial, Baltimore	Rotating	July '41-July '42
Craig, J. M.	Bellevue, New York City	I Medical	July '41-July '43
Culver, P. J.	Massachusetts General, Boston	Medical	July '41-Aug. '43
Cussler, R. C.	Bellevue, New York City	II Medical	July '41-Jan. '43
Daniel, W. W.	New York Hosp., New York City	Surgical	July '41-July '42
Dyke, J. R.	Methodist Episcopal, Brooklyn, N. Y.	Rotating	July '41-June '43
Edgar, E. G.	U. S. Navy		July '41-July '42
	Peter Bent Brigham, Boston	Surgical	July '42-Nov. '45
Elkin, M.	Peter Bent Brigham, Boston	Medical	Oct. '41-July '43
Farmer, T. W.	Pennsylvania Hosp., Philadelphia	Rotating	July '41-July '43
Feder, S. L.	Mount Sinai, New York City	Rotating	July '41-June '43
Finck, A. J.	Lincoln Hosp., New York City	Pathology	July '41-May '42
	Beth Israel Hosp., Boston	Surgical	May '42-Mar. '44
Foley, J. M.	Bellevue, New York City	Mixed	July '41-July '43
Fowler, W. S.	Philadelphia General, Philadelphia	Rotating	July '41-July '43
Frantz, I. D., Jr.	Springfield Hosp., Springfield	Rotating	June '41-July '42
Frick, D. J., Jr.	Stanford-Lane, San Francisco	Pathology	July '41-Jan. '42
	Bellevue Hosp., New York City	Medical	Jan. '42-June '43
Fuller, H. S.	Massachusetts General, Boston	Medical	Jan. '42-Feb. '44
Furste, W. L., 2nd	Starling-Loving Univ., Columbus, Ohio	Surgical	July '41-July '42
Gardner, C. C., Jr.	Portsmouth Hosp., Portsmouth, N. H.		June '41-Feb. '42
	Peter Bent Brigham, Boston	Medical	Feb. '42-Nov. '43
Godfrey, J.	Mary Hitchcock, Hanover, N. H.	Pathology	Oct. '41-Apr. '42
		Rotating	Apr. '42-Apr. '44
Graham, G. S., Jr.	Tenn. Coal, Iron & R. R. Co.		
	Employees Hosp., Fairfield, Ala.	Rotating	July '41-July '42
Grier, R. S.	Massachusetts General, Boston	Medical	Jan. '42-Feb. '44
Hallborg, R. B.	Flower Fifth Ave., New York City	Rotating-Surg.	July '41-July '43
Hamlin, C. H.	Hartford Hosp., Hartford	Rotating	July '41-July '43
Hammes, E. M., Jr.	Ancker Hosp., St. Paul, Minn.	Rotating	July '41-June '42
Hanaghan, J. A.	Uncas-on-Thames, Norwich, Conn.	Tuberculosis	June '41-July '42

Name	*Hospital*	*Service*	*Dates*
Harper, P. V., Jr.	Billings, Univ. of Chicago Clinics	Surgical	July '41-July '42
Harrold, C. C., Jr.	Roosevelt, New York City	I Surgical	July '41-July '44
Hartwig, A. R.	Genesee, Rochester, New York	Rotating	July '41-June '43
Hawn, C. C., Jr.	Peter Bent Brigham, Boston	Pathology	Feb. '41-Feb. '42
Hayes, E. M.	U. S. Navy	Rotating	July '41-July '42
	Queens Hosp., Honolulu	Mixed	Oct. '42-Oct. '44
Heller, H. K.	Geisinger Memorial, Danville, Pa.	Rotating	July '41-July '42
Heskett, R. G.	New Haven Hosp., New Haven, Conn.	Pediatrics	Sept. '41-Sept. '42
Hinman, C. H.	Boston City	I Surgical	July '41-Nov. '43
Homans, J., Jr.	Massachusetts General, Boston	Medical	July '41-Aug. '43
Horn, C. D.	The Sinai Hosp. of Baltimore	Rotating	July '41-July '42
Houck, J. D.	Lankenau, Philadelphia	Rotating	July '41-July '43
Hufnagel, C. A.	Boston City	Pathology	July '41-July '42
Johnson, R. E.	Fatigue Lab., Harvard University		Sept. '41-Sept. '42
Kambhu, E.	Springfield Hosp., Springfield	Rotating	July '41-July '43
Kanwit, B. A.	Casualty Hosp., Washington, D. C.		July '41-Feb. '42
	Fordham, New York City	I Surgical	Mar. '42-Mar. '44
Kelman, N. J.	Worcester State, Worcester, Mass.	Psychiatry Res.	July '41-July '42
Kerr, A., Jr.	Rochester General, Rochester, N. Y.	Rotating	July '41-June '43
Klibanoff, S. R.	Mount Sinai, New York City	Mixed	Nov. '41-Nov. '43
Knapp, P. H.	Boston City	Medical	Apr. '41-Sept. '42
Kroopf, S. S.	Peter Bent Brigham, Boston	Medical	Oct. '41-July '43
Landsteiner, E. K.	Children's, Boston	Pathology	Nov. '41-Nov. '42
Levenson, S. M.	Beth Israel, Boston	Surgical	Feb. '42-Dec. '43
Levine, H.	New Britain General, Conn.	Rotating	July '41-July '42
Linenthal, A. J.	Beth Israel, Boston	Medical	Sept. '41-Apr. '43
Lofgren, K. A.	Univ. of Minnesota, Minneapolis	Surgical	July '41-July '42
Loomis, W. F.	New York Hosp., New York City	Medical	July '41-June '42
Marietta, J. S.	Hartford Hosp., Hartford	Rotating	July '41-July '43
McLaughlin, C. H.	St. Luke's, Chicago	Rotating	July '41-July '43
Mebane, J. G.	Boston City	IV Medical	July '41-Jan. '43
Miller, H. H.	Boston City	II Surgical	July '41-Nov. '43
Miller, R. C.	Univ. of Minnesota, Minneapolis	Surgical	July '41-June '42
Moffitt, H. C., Jr.	Massachusetts General, Boston	Medical	Oct. '41-Nov. '43
Murray, R.	Boston City	II Medical	July '41-Jan. '43
Neild, H. W.	Henry Ford, Detroit, Mich.	Surgical	July '41-July '42
Nieckoski, J.	Springfield Hosp., Springfield	Rotating	July '41-July '43
Nulsen, F. E.	Children's, Boston	Pathology	June '41-Sept. '41
	Peter Bent Brigham, Boston	Surgical	Sept. '41-Jan. '44
Ohle, E. R.	New Haven Hosp., New Haven, Conn.	Medical	July '41-Jan. '43
Ohler, R. L.	Rhode Island, Providence	Rotating	Aug. '41-Aug. '43
Perry, J. W.	Boston City	III Medical	Jan. '42-July '43
Pieper, E. J., Jr.	Philadelphia General	Rotating	July '41-July '43
Pomeroy, W. B.	Univ. of Pittsburgh Med. Center	Rotating	July '41-June '42
Pope, A.	Dept. Bio-Chemistry, H. M. S.		Sept. '41-Sept. '42
Potter, W. H.	Faulkner, Jamaica Plain, Mass.	Rotating	Oct. '41-Oct. '42
Prout, C.	Peter Bent Brigham, Boston	Medical	Feb. '42-Aug. '43
Raker, J. W.	Massachusetts General, Boston	Surgical	Sept. '41-Sept. '44
Rector, E. M.	Univ. Hosp., Ann Arbor, Michigan	Medical	July '41-June '42
Reyer, W. A.	Wilson Memorial, Johnson City, N. Y.	Rotating	July '41-July '43
Richter, J. C., Jr.	Presbyterian, Chicago, Ill.	Mixed	Sept. '41-Dec. '42
Risley, T. S.	Massachusetts General, Boston	Surgical	Jan. '42-Sept. '46
Rogers, J.	U. S. Navy Medical Corps, Boston	Rotating	July '41-Jan. '43
Ross, L.	House of the Good Samaritan, Boston		Oct. '41-Jan. '42
	Rhode Island, Providence	Rotating	Feb. '42-Mar. '44
Rowe, M. L., Jr.	Cincinnati General, Cincinnati	Rotating	July '41-June '42
Sappington, T. S.	New Haven Hosp., New Haven	Medical	Jan. '42-July '43
Schilling, J. A.	Roosevelt, New York City	I Surgical	Jan. '42-Dec. '44
Scott, D. H.	Charity, New Orleans, La.	Rotating	July '41-July '42

Name	*Hospital*	*Service*	*Dates*
Scott, H. W., Jr.	Children's, Boston	Pathology	July '41-Mar. '42
	Peter Bent Brigham, Boston	Surgical	Mar. '42-Aug. '44
Scott, O. K.	Peter Bent Brigham, Boston	Medical	Feb. '42-Feb. '44
Seaman, W. B.	Univ. of Chicago Clinics, Chicago	Surgical	July '41-July '42
Selverstone, B.	Children's Memorial, Montreal	Surgical	July '41-June '42
Shaffner, L. deS.	Peter Bent Brigham, Boston	Surgical	July '41-Nov. '43
Shaw, L. H.	Lowell General, Lowell, Mass.	Rotating	July '41-July '42
Sherrick, J. C.	Univ. Hosps. (Lakeside), Cleveland	Medical	Oct. '41-Mar. '43
Sholl, J. G., 3rd	Germantown Hosp., Germantown, Pa.	Rotating	July '41-July '43
Smith, H. W.	Henry Ford, Detroit, Mich.	Medical	Sept. '41-July '42
Sommers, S. C.	Billings, Univ. of Chicago Clinics	Medical	July '41-July '42
Sprunt, C. W.	U. S. Naval Hosp.	Rotating	July '41-Jan. '43
Stewart, J. E.	Alameda County Hosp., Oakland, Cal.	Rotating	July '41-July '42
Sullens, W. E., Jr.	Univ. of Chicago Clinics, Chicago	Surgical	July '41-July '42
Tabor, H.	New Haven Hosp., New Haven	Medical	Jan. '42-June '43
Taylor, C. E.	Gorgas Hosp., Ancom, Canal Zone	Rotating	July '41-July '42
Thirlby, R. L.	Univ. Hosp., Ann Arbor, Michigan	Surgical	July '41-July '42
Thomas, W. O., Jr.	Boston City	II Surgical	Nov. '41-Feb. '44
Thurston, T. G., 2nd	Bellevue, New York City	Medical	July '41-Jan. '43
Tucker, A. W., Jr.	Boston City	I Surgical	Mar. '42-July '44
Tucker, F. C.	Roosevelt, New York City	Medical	July '41-Jan. '44
van der Westhuysen, P. O.	Montreal General, Montreal	Surgical	July '41-June '43
Van Slyke, K. K.	Peter Bent Brigham, Boston	Surgical	Nov. '41-Apr. '43
Warren, L. O., Jr.	Boston City	I Medical	Apr. '41-Oct. '42
Watts, M. S. M., Jr.	Bellevue, New York City	II Medical	July '41-Dec. '42
Weston, R. A., Jr.	Baltimore City	Medical	July '41-July '42
Whatmore, J. H., 2nd	Deaconess, Spokane, Wash.	Rotating	July '41-July '42
Wiggins, J. C., Jr.	Geisinger Memorial, Danville, Pa.	Rotating	July '41-July '42
Wiley, J. L., Jr.	Kings County, Brooklyn, N. Y.	Surgical	July '41-July '43
Williams, G., Jr.	Jackson Memorial, Miami, Fla.	Rotating	July '41-July '42
Winslow, D. J.	Boston City	IV Surgical	Nov. '41-Mar. '44
Young, E. L., 3rd	Massachusetts General, Boston	Surgical	Jan. '42-Oct. '46
Young, T. L.	Charity, New Orleans, La.	Rotating	July '41-July '42

ANNUAL MEETING AND DINNER

The annual meeting and dinner will be held at the Hermit Club, Cleveland, on Wednesday, June 4, at seven o'clock. Dean Burwell and Dr. Philip Wilson will be among the speakers. Tickets will be on sale at the Alumni headquarters, American Medical Association Session in Convention Hall, Cleveland.

REUNIONS

Class of 1901

The Fortieth Anniversary Celebration of the Class of 1901 will be held at the Brookline Country Club, Friday, June 13, with the following programme: Luncheon at 12:30 P. M., with a talk by Dean Burwell about the Medical School; inspection of the School in the afternoon; dinner at 6:00 P. M. to be followed by talks by members of the class; golf or tennis will be available in the afternoon. Horace Binney, Sec., 65 Green Street, Milton, Mass.

Class of 1906

Reunion to be held June 16. The Class will meet at 12 noon at the Children's Hospital where Dr. Ladd will give a Clinic for members of the Class. Luncheon will be held at the Harvard Club, and the afternoon devoted to golf at the Oakley Country Club in Belmont. The Class Dinner will be held at the Oakley Country Club at 7 P. M. J. Herbert Young, Sec., 66 Commonwealth Avenue, Boston.

Class of 1911

Reunion will be held on June 19 at 7 o'clock at Smith House, Cambridge. It is hoped that everyone will be present. J. H. Means, Sec., Massachusetts General Hospital, Boston.

Class of 1916

The Class expects to hold a reunion on Friday, June 13, and Saturday, June 14. The following members of the class have signified their intention of attending:

Briggs, Butler, Churchill, Fogg, Gilbert, Goethals, Golden, Gregg, Gustafson, Harding, Hodgdon, Houston, Langmann, Lanman, Lowry, McIntyre, Morris, Nissen, Osgood, Parker, Ragle, Rapport, Redway, Scholl, Taylor, A., Taylor, J., Viets, Waite, Weld, Wilbur, Withington.

It is planned that the Class will meet at the Medical School at 9:30 A.M. We expect to secure the attendance of President Conant or his representative; Dean Burwell, and several senior members of the School Faculty who will present short talks. The balance of the morning will be a social affair, followed by lunch at the Harvard Club. A program for the entertainment of classmates' wives is in process of being prepared.

On the afternoon of the 13th, the Class will proceed to the Hoosick-Whisick Club at Canton, to spend the afternoon and to dine in the evening.

Saturday morning, the 14th, will be given over to a go-as-you-please tour of the various hospitals and clinics. Dr. and Mrs. Ragle have invited the Class to spend the afternoon at their home in Topsfield. Thomas R. Goethals, Sec., 475 Commonwealth Ave., Boston.

Class of 1917

Reunion will be held at the Harvard Medical Alumni Association annual meeting and dinner in Cleveland on June 4.

Class of 1926

Reunion will be held in the fall during the meeting of the American College of Surgeons at Boston.

Class of 1936

Reunion will be held on June 7 at 7 o'clock at the Continental Hotel, Cambridge. Barnard Todd, Sec., 1 Monument Sq., Beverly, Mass.

MEDICAL SCHOOL NOTES

In his first public utterance* since his return from England on April 15th, President Conant made a plea for farsightedness in developing reserved occupations. In England each category of employment was assigned an age limit above which permission was given only to volunteer for a restricted group of war services. Doctors were reserved at all ages. Thus by preventing indiscriminate volunteering and drafting a serious shortage of men in necessary professions was avoided.

The formation of hospital units in Boston has been preceded by careful consultation between the administrative officials of the three Schools, and between the schools and the hospitals. As a result, the staff of base hospitals have been set up with due regard for civilian needs and medical education.

The status of medical students and internes has recently been clarified by a communication from selective service headquarters as follows:

"(D) *Policy and Procedure.*

It is of paramount importance that the supply be not only maintained but encouraged to grow, and that no student or interne who gives reasonable promise of becoming an acceptable medical doctor be called to military service before attaining that status. Local boards should remember that a deferment is not an exemption and that the obligation and liability for military service remains upon its expiration."

* * *

A series of voluntary lectures on military medicine are to be given in the School for those who are commissioned or are particularly interested in becoming reserve officers in the army or the navy. The committee responsible for these lectures has provided a shelf of books dealing with military and war medicine.

* * *

John Gordon and Paul V. Beeson were recently bombed out of the headquarters of the Harvard Public Health Unit in London. Both received apparently minor injuries. Dr. Gordon writing to the British Ministry of Health said: "Within a few minutes (after the explosion)—one of your first-aid workers, a young lady, popped in off the street, put a towel over my bleeding head and, with my colleague, Dr. Beeson, proceeded with us to the nearest first-aid post. She deposited us with the nurse in charge there, said a curt good night, and I have not seen her since. She just went about her business. At the first-aid post we had the finest attention from four or five nurses and first-aid workers. A young doctor arrived promptly and made a few minor repairs that were indicated. We were then put to bed at the first-aid post between warm blankets, packed with hot-water bottles and given a steaming cup of hot tea and a cigarette and within 15 minutes ware as comfortable as could be."

* * *

For the second year the undergraduates have gotten together for a meeting at which certain students presented the results of their investigative work. This is called the Undergraduate Assembly of the Harvard Medical School. Members of the faculty have compared this meeting favorably with those of their own scientific societies. A few of the titles will illustrate the astuteness of undergraduate thought: "Blood Vascular Bundles of Aquatic Mammals," D. W. Fawcett, '42; "Thyroid and Parathyroid Hormone Effects on Calcium and Phosphorous Metabolism," J. W. Kirklin, '42, and W. R. Christensen, '42; "The Effect of Thyrotropic Hormone Alone and Combined with Iodine on Thyroid Tissue Metabolism in Vitro," W. P. VanderLaan, Jr., '42; "Phenylpyruvic Oligophrenia," A. D. Callow, '42.

*James Bryant Conant: The British Universities and the War. Harvard Alumni Bulletin, April 26, 1941, p. 813.

BOOK REVIEWS

ELECTROCARDIOGRAPHY IN PRACTICE

by Ashton Graybiel, M.D. '30, and Paul D. White, M.D. '11. 319 pages with 272 illustrations. Philadelphia: W. B. Saunders Company, 1941. Price $6.00.

Electrocardiography has spread from being the pet tool of cardiologists to being an instrument in the hands of many general practitioners. Many of thesee vidently believe it to be a srystal globe into which they may .gaze and divine the mysteries of heart disease. To assist them in this divination numerous textbooks on electrocardiography have been published during the past few years. Though many of them have been excellent, most have failed properly to emphasize two important points which must be appreciated if this technique is to occupy its proper place in medicine. These points are: first, that the electrocardiogram must be assessced in relation to all the other relevant clinical data in dealing with any given patient and cannot be intelligently interpreted by itself; and, second, that the borderline between normal physiological variations and true pathological change is broad and ill-defined. The danger today is that physicians will fail to appreciate these points and will fall into error through attempting to use the electrocardiogram beyond its limit of usefulness.

Graybiel and White's book is a valuable addition to the texts of electrocardiography and is a good book, not least because it brings out, with a good measure of success ,these points. It is frankly a manual designed for clinical and practical use with a minimum of theoretical considerations. Hence it can best be employed to supplement a text which emphasizes the basic principles in electrophysics and physiology which are involved.

The case method of presentation is used throughout. A short clinical history is given with each electrocardiogram and thus the tendency, which most electrocardiographic texts cater to, of considering electrocardiography as an isolated technique, is discouraged. Many examples the given of physiological variations in normal individuals and of the changes produced by such extracardiac factors as position, drugs, tobacco, etc. This is bound to have the salutary effect of shaking the self-confidence of anyone who interprets electrocardiograms with dogmatic rigidity.

Following the section on normal electrocardiograms, examples are given of the various arrhythmias and of the effects of the different etiologic types of cardiac disease. In the second half of the book, 130 electrocardiograms, together with clinical data, are arranged in heterogeneous fashion for practice in interpretation. This is perhaps the most valuable as well as original contribution made by the authors, since it provides splendid material for those who need and desire practice in electrocardiographic interpretation, while always keeping before them the necessity of correlating the findings with clinical data. A useful cross index enables these test electrocardiograms to be utilized whenever a systematic study of any particular disorder is desired.

There is little to criticize in the material presented, the interpretations or the arrangement. Naturally, these are minor points on which one may disagree. For example, the statement on page 220 that quinidine does not prolong systole seems doubtful. The Q interval is prolonged not only in Figure 187 but Figure 129 E as well. In the discussion of beri-beri heart (page 100) it would be proper to emphasize that tachycardia and prolonged QT intervals are fully as important abnormalities as inverted T waves and low voltage. In the discussion of complete A. V. block associated with bundle branch block (page 69) it might have been pointed out that the apparent bundle branch block not infrequently represents a form of ventricular impulse formation low in one branch, is not true block, and may disappear altogether with the resumption of normal A. V. conduction. But these are minor points, for this is an excellent book and one heartily to be recommended to all interested in electrocardiography.

LAURENCE B. ELLIS, '26.

LYMPHATICS, LYMPH, AND LYMPHOID TISSUE, THEIR PHYSIOLOGICAL AND CLINICAL SIGNIFICANCE,

by Cecil Kent Drinker and Joseph Mendel Yoffey. XII and 401 pages. 50 illustrations and 45 tables. Cambridge: Harvard University Press, 1941. Price $4.00.

Why the blockage of lymphatics is followed by changes in the tissues, why the wide destruction of lymphocytes and lymphoid tissue causes death is not known; but from the careful anatomical and physiological studies described in this monograph much of the clinical significance of the lymphatic apparatus is explained.

Anatomical studies have emphasized the importance of the lymphatic system. Doubtless more information of value will be obtained from such investigations; but the greatest advances of the future will come from physiological studies of the lymphatics. It is in reporting accomplishments in this field that the monograph becomes stimulating, even exciting at times. Many gaps have been filled with accurate information; it is plain that much more will soon be obtained, for with the approaches marked out and basic technics for study devised and described, as they are here, it is likely that progress in the field will continue to be rapid.

From many directions the reader is confronted with the fact that the lymph offers a physiological approach to a study of the body cells under normal as well as abnormal conditions, for, as the authors point out, the lymph probably comes nearer to reflecting accurately the actual environment of the body cells than any other fluid that can be collected.

The whole lymphatic apparatus is considered and its relationship to function stressed. Since a great part of existing knowledge concerning this system has been obtained in the laboratory of the senior author, the monograph is authoritative not only in the material presented but also in that ignored. This applies not alone to the physiology of the lymphatic apparatus but also to correlated material as well. A case in point concerns blood capillary contractility: The fact of contractility has been amply demonstrated and confirmed; an often raised dissenting voice is ignored. While this policy may occasionally leave out desirable material, it makes for a clean, strong presentation of an impressive body of information. Even so, more than forty pages of references are provided.

The book is pleasingly set up and remarkably free from typographical error. Its material is presented in nine chapters. The first three deal with the anatomical and physiological organization of the lymphatic apparatus, the permeability of the blood capillaries and its relation to lymph formation, and the permeability of lymphatics. Then follow two chapters on lymph flow and lymph pressure with consideration of physical and chemical characteristics. Three chapters deal with the biological significance of lymphoid tissue and the cells present in the lymph, in particular the lymphocyte. The book concludes with a chapter on practical considerations. This chapter presents only a part of the material dealing with these matters. Throughout the monograph matters of fundamental practical importance are dealt with as they arise.

On reading this book a few matters come to mind which might have been handled differently, perhaps to advantage. For example, the book as a whole makes clear what is meant by blood capillary permeability, and yet on several occasions increased filtration is used synonymously with increased permeability. The influence of intracellular chemical changes upon the lymphatic system might have been explored further. The chapter on "Practical Considerations" might have been either considerably expanded or more frequent reference made to the interesting practical matters discussed in other parts of the text.

No one working in the basic sciences relating to medicine and no one in the practice of medicine who wishes to be well-informed can afford to overlook this book.

HENRY K. BEECHER, '32.

SCIENCE AND SEIZURES by William G. Lennox, M.D. '13. 258 pages. New York, Harper Brothers, 1941. Price, $2.00.

From the wisdom of his life-long study of epilepsy and migraine and with the understanding born of years of human contact with patients, Dr. Lennox summarizes for physician and layman our present knowledge of the nature and treatment of seizures. His statements are simple and direct, expressed in plain language with a minimum of polysyllabic medical terminology. The volume should be in the hands of every general practitioner and every sufferer from migraine. Dr. Lennox faces squarely the social and practical problems so important to patients and their families. With well chosen similes he explains such points as the relation between hereditary and acquired causes of seizures. "In order to start a blaze there must be both combustible material and a match. In individual cases the relative importance of the two may be very different. A spark will light a pile of powder, but only hot fire will kindle green wood."

The most important of the new ideas set forth in the book is just this idea of "hereditary combustible material." The fact that seizures themselves, whether convulsions or mere lapses of consciousness, are associated with disordered electrical activity of the brain or "cerebral dysrhythmia" is by now quite widely known. Less well known is the frequent presence of moderate but perfectly definite and persistent cerebral dysrhythmia, shown by the electro-encephalogram, not only in persons subject to seizures but in many others who have never had a convulsion or a "fainting spell" in their lives. The cerebral dysrhythmia, which more often than not is quite asymptomatic, appears to be hereditary and represents the combustible material easily ignited by the spark of brain injury, chemical imbalance or other unknown cause. Dr. Lennox points out that "by limitation of offspring on the part of those who have cerebral dysrhythmia . . . epilepsy could theoretically be eliminated in a few generations." But, he points out, "because a tenth or more of the population, a large proportion of whom have desirable physical and mental characteristics, would be involved, this scheme could not be applied to the race."

Against the background of this concept of hereditary cerebral dysrhythmia Dr. Lennox proceeds with his useful and illuminating discussion of diagnosis, of possible prevention and of treatment of seizures. He is concerned with the necessity of re-education of popular opinion to eliminate the social ostracism that may cause more suffering and hardship to the patient than the seizures themselves. He discusses drug therapy in the form of the "big three," bromides, phe-

nobarbital and dilantin. The results with dilantin he considers encouraging, although admitting that as a new drug it must await the test of time.

Concerning Part Two, "Headache Seizures," the reviewer must raise his only word of criticism, best summed up in the regret that Part Two is published as part of the same volume with Part One, "Convulsive Seizures." The author points out clearly the many contrasts between the two disorders, including the absence of distinctive cerebral dysrhythmia in migraine and the prolonged character of the migraine attack. The best evidence for kinship of the two conditions (and Dr. Lennox agrees that "the two disorders are not brothers but only some order of cousins") is a three- or four-fold greater incidence of epilepsy among near relatives of patients with migraine than in the general population and a 90 percent greater incidence of migraine among the parents of patients with "essential" epilepsy. The occasional appearance of both types of seizures in the same individual or the replacement of one by the other are only suggestive until placed on a statistical basis. Dr. Lennox suggests that migraine is an "epilepsy of the vegetative nervous system" and that electrical disturbances associated with it might be found in the hypothalamus if electrodes could be placed there. But in Part One he has already attributed to "storms in the middle of the brain involving the sympathetic nerve centers" a rare form of seizure which he calls "vegetative." There is no loss of consciousness, no jerking movements but only flushing or pallor, a rapid heart beat, increase in blood pressure, nausea, gagging and the like. The interpretation of this syndrome as a "vegetative seizure" seems reasonable; but this syndrome is not migraine, and it is confusing and, in the reviewer's opinion, unjustified later to interpret migraine as a seizure chiefly affecting the vegetative portion of the nervous system. Until a cerebral dysrhythmia in the "vegetative centers" is demonstrated in migraine, let us not confuse ourselves or disturb our migrainous patients by too much emphasis on the remote cousinship suggested by the genetic studies.

For the future Dr. Lennox outlines a campaign against epilepsy, already undertaken by the "International League against Epilepsy" and the "Laymen's League against Epilepsy." The immediate objectives he states as: "For society—an awareness of the magnitude of the problem, of the present neglect of incipient cases, and of the necessity for research. For physicians—a wider diffusion of present knowledge, and a will to work together towards a common end, the end of epilepsy."

HALLOWELL DAVIS, '22.

LETTERS

Excerpt from a letter to Dwight L. Siscoe, "or others of the Class of 1919", from Phillips F. Greene, Yale-in-China, Changsha, Hunan.

"Life has been very strenuous these last three years, due to the war hereabout. So far have come thru without a scratch, tho with some close calls from bombings. When Changsha was burned two years ago was able to stick it out and for some weeks was the only doctor in this whole region. Now the hospital is running 120 beds again and we have 14 doctors on the staff. There is less war work and much more civilian work. Fascinating lot of surgery, not to say other things. Anyone interested in vitamine and other deficiencies would have an immense amount of material to study over here these days.

"This Fall the Chinese National Government, Department of Education, awarded four of our Teaching Staff in the Hsiang Ya Medical College, where I have been professor of general surgery now for nine years, the Third Order of Merit, Medical Education. It is 17 years since we came to this School. This came as a complete surprise to me and has pleased me very much. Still more of a surprise has been the difference it has meant in my status in the community. I have just automatically become one of the 'Gentry' of the region. Apparently my race and nationality make very little difference, compared with this degree. I am even sent respectful requests for advice by the local city and county officials. Had no idea that so much of the ancient respect for the upper scholar class persisted in modern China.

"For the last two years have been acting as superintendent of this hospital as well as head of surgery. Present problems in obtaining supplies are more acute than ever but we still have a fair stock. If this war continues to bottle up transportation we can still go on about two years with a very creditable grade of clinical work. By then perhaps things will be getting easier."

To the Editor:

A few days ago while going over the files in our Laboratory to make space for other undertakings I ran across some of the old correspondence of the Department of Surgery, which has now been turned over to the Harvard Archives for safekeeping. Many of the letters which were most interesting were from students to professors, and a good many asked that their marks be changed since they did not represent the real abilities of the students.

The enclosed letter from Fred B. Winslow, Harvard A.B. 1895, M.D. 1900, is particularly strong and representative. It reveals the independence of the students of that day as well as the well-known difficulties of marking blue books fairly. I am sure that the students of today must feel much the same about this though it would appear that they are less articulate.

You might like to publish this amusing note in the Harvard Medical Alumni BULLETIN as a reflection of the education of the students forty years ago.

Cordially yours,
ELLIOTT C. CUTLER, '13.

Dr. Warren—
Dear Sir:

I have just seen the examination marks for my 3rd year's work and find myself disgraced with a C in Surgery. As you and Dr. Burrell (whom I am told read my book) are out of town, I venture this note to ask that my book be re-read, because I understand that these marks are considered as a fair gauge of what a man knows of the subject when he comes up for a surgical appointment at certain hospitals, an appointment which I am anxious to get. Otherwise I shouldn't trouble you or myself about the trivial matter, for I have long since learned at Cambridge the lack of value and reliability of marks, and the impossibility for even the most just and unprejudiced instructor to keep the same standard before him for many blue books through the varying moods which hot June evenings, a poor light, poor handwriting, an ill burning cigar, an ill digested dinner, mosquitoes or a thousand and one accessory irritants may bring upon him.

Consequently I accept only the mark I give myself mentally, and am neither elated when the official record is higher than I think it should be, nor woe-begone when it is too low, but in what you may think a self-satisfied manner, I say qui capit, facit, and let things go; this, after having first gone through the experience at college of having several gross mistakes corrected. But, as I say, this mark may be very important, and as I know there has been an error, I ask that it may please be set right.

I was given a B last year in Pathology, and this year B's in Pediatrics and Gynecology, all of which I am positive are unjust and should be A's like all of the rest. So too in Surgery; for I have studied here in the school, not flimsily as in college, but à corps perdu; and have common sense and memory enough to know of the mistakes and deficiencies in the blue book, and moreover without conceit I am aware of the pitiful average intellect in the medical class when compared with that of the brighter college boys; and so to be given a C like a commonplace block-head is somewhat irritating.

However, I have just heard of a man's D in Theory & Practice being changed to a B on re-reading, and with this gracious recognition by the powers above of their fallibility and justice in mind, I file my document in the court of appeal, and am

Most respectfully yours,
(Signed) FRED B. WINSLOW, '00.